

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/544145

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		0		1		
5	1		1			
6		1		1		
7		2		1		
8		0		1		
9		0				
10	1		1			
11		1		1		
12		2		1		
13		0		1		
14		0				
15		0				
16		0		1		
17	1		1			
18		1		1		
19		2		1		
20		0		1		
21	1		1			
22		1		1		
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TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	22	←	14	←		←
TOTAL CLAIMS	27		19			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						